

**Name:** Rita J. Watkins  
**Invoice Date:** 8/2024  
**Invoice Period:** August 1-31,2024

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.

**Signature:**

Rita J. Watkins

Date: 8/31/2024